



# CG-POL CANDIDATE'S COMMITTEE APPLICATION

State Form

INDIANA GAMING COMMISSION

**INSTRUCTIONS:** If the application is incomplete, it may be returned and processing will be delayed. Attach additional sheets if necessary.

1. Name of Candidate (*Please Type or Print*)

2. Daytime Telephone Number

( )

3. Street Address of Candidate (*Required*)

4. P.O. Box Number (*if applicable*)

City

State

Zip Code

County

Contact Name

Contact's Daytime Telephone Number

( )

5. Attach a copy of the candidate's Form CFA-1 filed with the Secretary of State's Election Division

6. Number of active members. \_\_\_\_\_

7. On what date(s) and during what hours will your raffle event be conducted? (*a.m. establishes the midnight hour; p.m. establishes the noon hour.*)  
(Sessions can run no more than 8 consecutive hours.)

Date \_\_\_\_\_ Hours \_\_\_\_\_ M to \_\_\_\_\_ M

FOR OFFICE USE ONLY

8. Street address of the facility where the raffle event will be conducted.

City

State

Zip Code

County

Daytime Telephone Number

( )

## Lessee/Ownership

9. Does your organization own \_\_\_\_\_, lease (rent) \_\_\_\_\_, or use a donated \_\_\_\_\_ facility where the licensed event will be conducted? (*Check one*)

**If leased** (rented), enter name and address of lessor **and** attach a copy of your signed lease agreement.

**If donated, attach a notarized statement from the donor that the facility is being offered rent free.**

**NOTE:** Check this box ☐ if the rented facility is being used for an annual convention or other yearly meeting of your organization's (or your affiliate's) membership.

Name of Lessor (*Full legal name*)

Address

City

State

Zip Code

County

Daytime Telephone Number

( )

## Operator Information

10. Please list two (2) or more operators who will supervise, manage, and be responsible for the operation and conduct of the gaming event. Operators are members of the candidate's staff or volunteer members of the candidate's committee. Attach additional sheets if necessary. Please type or print.

Name

Home Address  
Street, City, State, Zip Code

Date of Birth

Daytime Telephone Number

( )

( )

( )

( )

11. Please list the name from Line 10 of the **principal person** in your organization who has overall responsibility for the operation and control of this charity gaming event. Please type or print. **X** \_\_\_\_\_

Worker Information			
12. List all individuals who will assist and work in the operation of the licensed event. Workers are members of the candidate's staff or volunteer members of the candidate's committee who are not listed as operators on Line 10. Attach additional sheets if necessary. Please type or print.			
Name	Home Address Street, City, State, Zip Code	Date of Birth	Daytime Telephone Number
			(      )
			(      )
			(      )
<b>13. Have any operators/workers listed on this form or on any additional sheets been convicted of a felony in any jurisdiction?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> (If you answered "Yes" list each name and date of conviction.)			
Gross Retail Sales Information			
14. Will you be conducting any type of sales during the licensed event? (Check one)      Yes* <input type="checkbox"/> No <input type="checkbox"/> (Example: concessions, snacks, etc.) *If you answered "Yes" complete the following information. If the seller is required to have a Retail Merchant Certificate, enter that number in the box provided			
Name of organization offering the sales		Retail Merchant Certificate Number	
Which of the following will your organization be receiving? (Check one) _____ All of the sales income      _____ A flat fee sales payment _____ A percentage of the sales income      _____ Other (explain) _____			
Financial Information			
15. Where will the charity gaming financial records be maintained?			
Address			
City	State	Zip Code	
16. Name, address, and telephone number of the person maintaining these records. ( <i>The person maintaining these records must be listed as an operator on Line 10.</i> )			
Name			
Address			
City	State	Zip Code	Daytime Telephone Number (      )
<b>Note: All net proceeds from an allowable event and related activities may only be used for the lawful purposes of the candidate's committee. (I.C. 4-32.2-5-3)</b>			
17. Organization's Banking Information			
Name of Bank			
Street Address			
City	State	Zip Code	
Name of Account	Account Number	Type of Account (checking, savings, CD)	
Name of Gaming Account	Account Number	Type of Account (checking, savings, CD)	

### License Fee Information

18. The license fee for your first Raffle Event License is \$50.00. All license fees will be based on the gross receipts from the **last event of the same type**. You will find this license fee amount on the back page of the Indiana Charity Gaming Single Event Financial Report, Form CG-9. The fee should be paid by check drawn from your **separate and segregated Charity Gaming checking account**. Make your check payable to: **Indiana Gaming Commission**. Do not send cash.

### Certification

19. We certify under penalty of perjury that the organization applying is a qualified organization, and there are no misrepresentations or falsifications in the information stated. We understand false or misleading statements will cause rejection of this application or revocation of future license(s).

Signature of Candidate

County of Residence

Telephone No.

Date

Signature of Candidate's Secretary

County of Residence

Telephone No.

Date

Send this application and appropriate fee to:

Indiana Gaming Commission, Charity Gaming Division  
115 W. Washington St., Suite 950  
Indianapolis, IN 46204 Phone: (317) 232-4646